

Butler Hospital

Providence Rhode Island Member of The Hospital Association of Rhode Island
Member of The New England Hospital Assembly
Member of The American Hospital Association
Approved by The American College of Surgeons
Approved for Psychiatric Residency Training by
The American Board of Psychiatry and Neurology

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BUTLER HOSPITAL
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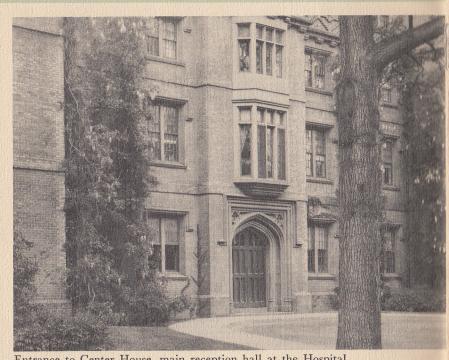


Butler Hospital was incorporated in 1844 as a result of a bequest of Nicholas Brown and the philanthropy of Cyrus Butler. A considerable sum of money subscribed by public-spirited citizens, aroused to the need for an institution to care for the mentally afflicted by the missionary efforts of Dorothea Dix, completed the building fund and the original endowment funds. The first patient was admitted to the Hospital December 1, 1847.

Thus Butler Hospital became not only the first hospital in the State devoted to the treatment of mental illness, but also the oldest hospital of any kind in Rhode Island. The expansion of its physical structure and the progressive growth of its professional capacities for the care and treatment of the mentally ill have placed the Hospital in the position of a pioneer and leader among psychiatric hospitals in America. As such it draws its patients from many parts of the country, as well as locally.

In the selection of patients for admission, consistent with present hospital facilities for good care and treatment, preference is always given to the needs of our own community and to those patients suffering from the more acute forms of illness from which recovery may be anticipated. With limited accommodations the admission of those needing care for long periods would leave us without rooms for acute and curable cases. We feel that our facilities are especially applicable to this type of case and in giving preference to them Butler Hospital feels that it can render the greatest service to the community.

The rich experience gained by the Hospital in its century of service to the mentally ill constitutes a fund of understanding and treatment available to each of its patients.



Entrance to Center House, main reception hall at the Hospital.



Butler Hospital, located on the east side of the city of Providence, is surrounded by approximately 100 acres of lawn, woodland, and farm, overlooking the Seekonk River. It combines an atmosphere of quiet rural seclusion with the advantages of easy accessibility to the heart of the city, from which it is within ten minutes driving time.

Patients suffering from all types of nervous and mental disorders are accepted for treatment, and the mode of admission is either by Voluntary Application or by Medical Certificate, depending upon the severity of the illness and the circumstances surrounding it. Although the majority of patients admitted to the Hospital belong to the category of major mental illness, there are admitted each year a certain number suffering from moderately severe neuroses, from drug addiction, or from alcoholism.

THE HOSPITAL is divided somewhat unequally into two sections—one for the care of men patients, and the other for the care of women patients. Each section is, in turn, subdivided into units which allow for the proper classification of patients in terms of the severity of illness and the type of behavior. With the single exception of the Infirmary, where close vigilance of the bedridden, the senile, and the feeble, requires a ward arrangement, all patients have private rooms which enter upon a common lounge area. Each of these units of approximately 16 rooms has its own nursing station in addition to dining hall and lounge. A few of these rooms are adjacent to private bathrooms, and in several of the buildings there are more spacious accommodations, including suites, for patients who require long-term residence or custodial care.

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Electro-encephalography is utilized when indicated.





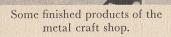
Group therapy for those more advanced in their convalescence.

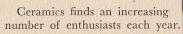
THE DIAGNOSTIC facilities include a laboratory which is Lequipped for chemical and bacteriological studies, X-ray, basal metabolism, and electro-encephalography. Psychological testing is employed wherever indicated. The panel of medical consultants to the hospital represents all of the specialized subdivisions of medicine and surgery. There is a staff of occupational and recreational workers which provides for a full schedule of activities during the week, including shop work in carpentry, metal working, printing; and handicrafts such as ceramics, weaving, oil painting, clay modeling, etc. Weekly dances and moving pictures and a wide variety of athletic activities, such as badminton, tennis, soft ball, and bowling are all regularly scheduled activities. Provision is made for Mass on Sunday morning, and a resident hospital chaplain, who conducts vesper service on Sunday afternoon, is available for counseling in religious matters whenever indicated.

E ACH PATIENT, upon being admitted, is given a very careful investigative workup, and this study includes consideration not only of the present mental and emotional status but also of the hereditary and early developmental factors, the relative importance of various life experiences, the conflicts engendered or augmented by social factors, and whatever physical defects or malfunctioning may be involved. The medical staff in its teaching and practice stresses the conviction that no single one of these considerations should be overlooked in arriving at an evaluation of the present picture which is a resultant of the variable contribution from all these sources. The physician who is in charge of each patient throughout his, or her, stay in the hospital has the direct responsibility of

Instruction for those who enjoy the fine arts.







exploring and studying these many aspects of the patient's past and present functioning and the responsibility of arriving at a formulation which seeks not only for a clear understanding of the origin of the illness, but also paves the way toward a rational plan for aiding or promoting a return to a more stable functioning. The physician must also coordinate all of the previously described activities in such a way that they will be most fitting for the individual needs of each patient. Thus, psychological treatment which is inseparable from psychological investigation commences with the first day of the hospital stay.

OPECIAL THERAPIES, including the use of insulin and electroconvulsive therapy, are instituted when indicated, but only after careful preliminary observation and evaluation, unless the situation is an extremely urgent one. We must remember that some of the improvements that are seen during the early periods of hospitalization are to be attributed more to the high level of general patient management and care which the hospital seeks constantly to provide than to specific factors in the treatment program. Dr. Isaac Ray, the first superintendent of Butler Hospital, wrote in 1854: "Thus withdrawn from outward excitements, and especially from the persons and scenes connected with his mental disorder, the patient naturally becomes calmer, his mind opens to better suggestions, and finally seeks for repose in amusement or labor. And thus it happens that in many cases but little more is necessary to conduct the morbid process to a successful issue, besides giving the constitution a fair chance to exert its restorative powers, unembarrassed by adverse influences."





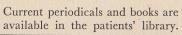
A physician conducts a round table session with nurses.

The graduate nursing staff of the hospital has always been one of the principal features that contributes so much to the constant and individualized needs of every patient, particularly during the early phases of hospitalization. Each of the nurses in this group, which comprises approximately one-third the number of patients in the hospital, is well qualified and experienced in the field of psychiatric nursing. Under the supervision of this staff are the psychiatric aides and attendants, as well as the student nurses whose assigned duties bring them into constant contact with the patient. The favorable ratio of nursing personnel to patients provides an optimum condition for implementing the total psychiatric program.

The educational and training program is intimately related and vitally accessory to the goal of treatment. Without an atmosphere in which teaching, learning, and research are constantly being promoted, any program of treatment tends to become routine and uninspired. The junior medical staff is composed of resident physicians who are in the process of training for certification by the American Board of Psychiatry and Neurology. The supervision of their clinical work by senior members of the staff, the conferences on theory and practice, the seminars, lectures, and individual teaching sessions conducted by outstanding consultants and guest speakers, all contribute to the basic psychiatric training of physicians who may later enter any one of the many fields of psychological medicine.



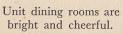
Patients are encouraged to personalize their rooms.

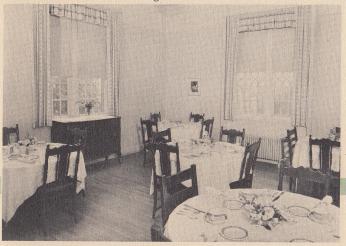






Unit lounges are focal points for social evenings.







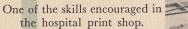
The Isaac Ray Medical Library.



A MODERN, roomy, and comfortable medical library, attended by a full-time research librarian and well equipped with journals and with both old and new texts relating to all fields of medical psychology, provides the facilities and assistance for extensive surveys of the literature which is so essential to any scientific writing or any clinical investigative project.

The academic and teaching atmosphere is further enhanced by an affiliation course in basic psychiatric nursing for student nurses who are enrolled in various schools of nursing throughout New England. The number of such students who are present at all times in the affiliation course is approximately 65, representing approximately 15 schools of nursing. Members of the medical staff play a large part in providing lectures, demonstrations, and on-the-ward teaching sessions which are called for by the curriculum which has been established by our school of nursing for this sizable group of affiliates.

AN OUT-PATIENT department is maintained by the Hospital, the main purpose of which is to provide facilities for the treatment of those patients who cannot well afford the cost of private care and yet who are above the eligibility limits for welfare services. Although this department operates inevitably at a loss, it does contribute to a community need and at the same time provides richer and more varied material for the supervised experience of resident physicians in the more advanced stages of their

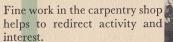








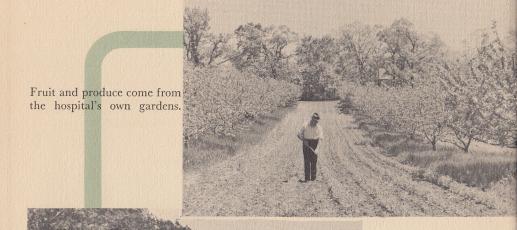
Bowling alleys, badminton . . . and other forms of sports, indoors and out.





training than would be the case if such experience were limited to intramural patients only. Although a staff physician occasionally sees a discharged patient in a follow-up visit, every effort is made to return patients to their referring physicians following their period of intramural care.

THE HOSPITAL, in its relation to the community, at-L tempts not only to meet the specific demands made upon it but also assumes a certain responsibility for furthering the public understanding of the nature of work that is performed by psychiatry and for promoting the integration of our own services with those of many other community agencies. Oftentimes we are brought to the realization that our efforts in our professional work, no matter how intense, represent only one of the great many approaches to the problem of mental illness when considered from the wider sociological point of view of the community. It is the intimate relationship to the community that affords a hospital of this type a better chance to achieve its goal through cooperation with other agencies and organizations whose functions are definitely allied to but not the same as ours. Collaboration with these other organizations and agencies on a limited basis serves not only to provide a more well rounded period of training and experience but also helps us to maintain our perspective in regard to the broader sociological aspects of medical psychology.



Over 100 acres of grounds provide opportunity for quiet walks.

The pond which in winter is transformed into an outdoor skating rink.





Basketball, badminton and bowling — all inside Butler Gymnasium.



Tennis as well as soft ball is popular from Spring to Fall.

Within Ray Hall are facilities for games, theatricals, and dancing.

BUTLER HOSPITAL GROUNDS

Buildings in which in-patients have their rooms, functionally arranged so that sections are fitted to the patient's clinical condition, in transition from those sections fitted for the most disturbed patients, to those for convalescent patients and those patients who are having long continued psychotherapy without need for any restrictions on their activities; and in addition sections some of which are designed for those who are chronically ill, and others for patients who are physically ill, as well as for those suffering the changes of senility.

Buildings for reception, administration, access to doctors offices for out-patient and in-patient psychotherapy, laboratories, X-rays, dental office, fully equipped operating room, pharmacy, medical records, psychological testing, medical and nursing libraries, and classrooms.

Buildings for occupational and recreational facilities, including an auditorium, church, canteen, several varieties of shops, gymnasium, general library (outdoor facilities — athletic, gardening, and others — are separately noted on map).

Graduate and student nurses homes, physicians' residences, power plant, maintenance shops, laundry, kitchens, dormitories, farm buildings. (Several of these are used by a few patients as selectively as possible in connection with treatment).

Woodland, brook, pond, paths for walking, nature study – and even fishing. There are numerous foot paths not shown on map.

Approach from down-town Providence.

Approach from highway from Boston.

